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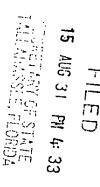
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COVER LETTER

TO:	Registration Section Division of Corporations	
CHID II	CKD RESTAURANT VENTURES	LLC
SUDJE	CCT: Name of L	imited Liability Company
The end	closed Articles of Organization and fee(s) a	are submitted for filing.
Please 1	return all correspondence concerning this r	natter to the following:
	RANDALL CRAIG DUGAN	
	Acceptable to the second secon	Name of Person
	RIVERWALK CAFE	
		Firm/Company
	7437 RIVERWALK CIR	
		Address
	WEST PALM BEACH, FL. 33411	
	rcdugan67@gmail.com	City/State and Zip Code
	E-mail address: (to be use	ed for future annual report notification)
For furth	er information concerning this matter, plea	ise call:
	RANDALL CRAIG DUGAN	443 880-3929
		Area Code Daytime Telephone Number
Enclose	ed is a check for the following amount:	
\$125.0	0 Filing Fee \$\sum \text{\$130.00 Filing Fee & Certificate of Status}	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

EFFECTIVE DATE 09 03 15

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FILED

CKD RESTAURANT VENTURES LLC

15 AUG 31 PM 4: 33

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

7437 RIVERWALK CIR WEST PALM BEACH, FL. 33411 7437 RIVERWALK CIR WEST PALM BEACH, FL.33411

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

RANDALL CRAIG DUGAN

Name

7824 OLYMPIA DR

Florida street address (P.O. Box NOT acceptable)

WEST PALM BEACH,

FL

33411

City

State

Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBR	RANDALL CRAIG DUGAN
	7824 OLYMPIA DR
	WEST PLAM BEACH, FL. 33411
AMBR	KRISTEN SEDITA DUGAN
	7824 OLYMPIA DR
·	WEST PLAM BEACH, FL. 33411
ar	
(Use attachment if necessary)	
F.V. Effective date if other than the date of filing:	09/03/2015 . (OPTIONAL)
ective date is listed, the date must be specific and of filing.)	pplicable statutory filing requirements, this date will not

REOUIRED SIGNATURE:

ARTICLE IV-

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

RANDALL CRAIG DUGAN

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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